

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed: 6	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI JULIÁN			OFFICE USE ONLY	
	NICKNAME LAST SUFFIX CASTRO				
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #, CITY, STATE, ZIP CODE 715 E. SUNSHINE SAN ANTONIO, TX 78228			Date Received	
				Date Hand-delivered or Date Postmarked	
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI JOAQUIN			Receipt # Amount	
	NICKNAME LAST SUFFIX CASTRO			Date Processed	
					Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE #, CITY, STATE, ZIP CODE 143 GLOBE SAN ANTONIO TX 78228				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 436 5284				
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year / / / /				
10 ELECTION	ELECTION DATE Month Day Year 5 / 05 / 01		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) CITY COUNCIL DISTRICT 7		12 OFFICE SOUGHT (if known)		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name				
	Address / PO Box Apt / Suite # City State Zip Code				

GO TO PAGE 2

RECEIVED
CITY CLERK
2007 JAN 15 2 14 22

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

JULIAN CASTRO

15 ACCOUNT # (Ethics Commission files)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

RECEIVED
CITY OF SAN ANTONIO
2002 JAN 15 12 42 PM

17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1250.00

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1438.40

EXPENDITURE
TOTALSOUTSTANDING
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Julian Castro, this the 15th day of January, 20 02, to certify which, witness my hand and seal of office.

Melinda S. Lopez

Signature of officer administering oath

Melinda S. Lopez

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

1

2 FILER NAME

JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/10/01

5 Full name of contributor

☐ out-of-state PAC (ID#:

San Antonio Realtors PAC

Non-Corporate

6 Contributor address; City; State; Zip Code

9110 IH-10 W.

San Antonio, TX 78230

7 Amount of
contribution (\$)

750.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

8/20/01

Full name of contributor

☐ out-of-state PAC (ID#:Consulting Engineers Council of
TX PAC

Contributor address; City; State; Zip Code

400 W. 15TH ST., SUITE 820

AUSTIN, TX 78701

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID#)8 Amount of
pledge (\$)9 In-kind description
(if applicable)

Web Hed Technologies, Inc.

7 Pledgor address:

City: State: Zip Code

1617 E. Commerce St.

San Antonio, TX 78205

10 Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address:

City: State: Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address:

City: State: Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address:

City: State: Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address:

City: State: Zip Code

Principal occupation (optional)

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **4**

2 FILER NAME

JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/2/01

5 Payee name

San Antonio AFL-CIO Council

6 Payee address; City, State; Zip Code

**311 S. St. Mary's
San Antonio, TX 78205**

7 Amount (\$)

\$30.00

8 Purpose of payment (See instructions regarding type of information required.)

Labor Day event sponsorship

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

8/2/01

Payee name

San Antonio Assoc. of Hispanic Journalists

Payee address; City, State; Zip Code

**P.O. 1576
San Antonio, TX 78296-1576**

Amount (\$)

\$90.00

Purpose of payment (See instructions regarding type of information required.)

sponsorship/tickets

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

8/2/01

Payee name

San Antonio AFL-CIO Council

Payee address; City, State; Zip Code

**311 S. St. Mary's
San Antonio, TX 78205**

Amount (\$)

\$150.00

Purpose of payment (See instructions regarding type of information required.)

ad

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

8/2/01

Payee name

Society of Professional Journalists

Payee address; City, State; Zip Code

**P.O. BOX 2171
San Antonio, TX 78297**

Amount (\$)

\$40.50

Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS

RECEIVED / SCHEDULE E
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2002 JUN 15 P 4 22

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#:

9 Loan Amount (\$)

6 Is lender a financial institution?

Y N

8 Lender address, City, State, Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

☐ none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

☐ not applicable

15 Guarantor address, City, State, Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#:

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address, City, State, Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address, City, State, Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURESRECEIVED
CITY OF SAN ANTONIO
CLERK**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

2002 JUL 15

Total page Schedule F:

2 FILER NAME

JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)**4 Date**

8/28/01

5 Payee name

Web-Hed Technologies

6 Payee address: City, State, Zip Code1617 E Commerce
San Antonio, TX 78205**7 Amount (\$)**

\$ 80.91

8 Purpose of payment (See instructions regarding type of information required.)

web site hosting

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

8/14/01

Payee name

La Prensa Foundation

Payee address: City, State, Zip CodeP.O. Box 830768
San Antonio, TX 78283**Amount (\$)**

\$ 250.00

Purpose of payment (See instructions regarding type of information required.)

advertising/sponsorship

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

8/27/01

Payee name

La Prensa Foundation

Payee address: City, State, Zip CodeP.O. Box 830768
San Antonio, TX 78283**Amount (\$)**

\$ 240.00

Purpose of payment (See instructions regarding type of information required.)

advertising/sponsorship

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

8/15/01

Payee name

Lulac Council #2

Payee address: City, State, Zip Code11514 Jones Maltsberger
San Antonio, TX 782**Amount (\$)**

\$ 75.00

Purpose of payment (See instructions regarding type of information required.)

advertising

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS

RECEIVED SCHEDULE E
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 22

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID# _____)

9 Loan Amount (\$)

6 Is lender a financial institution?

Y N

8 Lender address, City, State, Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

☐ none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

☐ not applicable

15 Guarantor address, City, State, Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address, City, State, Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address, City, State, Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

JULIAN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/22/01

5 Payee name

Alamo City Chamber of Commerce

6 Payee address; City; State; Zip Code

504 S. Alamo
San Antonio, TX 78205

7 Amount (\$)

\$150.00

8 Purpose of payment (See instructions regarding type of information required.)

sponsorship

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

12/11/01

Payee name

Howard Mangold

Payee address; City; State; Zip Code

458 Sharon Drive
San Antonio, TX 78216

Amount (\$)

\$6.99

Purpose of payment (See instructions regarding type of information required.)

supplies reimbursement

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

8/15/01

Payee name

West San Antonio Chamber of Commerce

Payee address; City; State; Zip Code

301 S. Frio
San Antonio, TX 78207

Amount (\$)

\$100.00

Purpose of payment (See instructions regarding type of information required.)

sponsorship

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

8/14/01

Payee name

Avenida Guadalupe Association

Payee address; City; State; Zip Code

1327 Guadalupe St.
San Antonio, TX 78207

Amount (\$)

\$25.00

Purpose of payment (See instructions regarding type of information required.)

parade entry

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS**SCHEDULE E**

RECEIVED
CITY OF SAN ANTONIO
CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

2002 / 11 / 15 P 4: 22

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4**

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan**7** Name of lender
☐ out-of-state PAC (ID# _____)
9 Loan Amount (\$)**6** Is lender a
financial institution?

Y N

8 Lender address, City, State, Zip Code**10** Interest rate**11** Maturity date**12** Description of Collateral☐ none**13** GUARANTOR
INFORMATION**14** Name of guarantor**16** Amount Guaranteed (\$)☐ not applicable**15** Guarantor address, City, State, Zip Code**17** Principal Occupation**18** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a
financial institution?

Y N

Lender address, City, State, Zip Code

Interest rate

Maturity date

Description of Collateral

☐ noneGUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address, City, State, Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

RECEIVED
CITY OF SAN ANTONIO
CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2002 JAN 15

1 Total pages Schedule F: 22

2 FILER NAME

JULIÁN CASTRO

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/2/01

5 Payee name

Jefferson Athletic Booster Club

7 Amount (\$)

\$200.00

6 Payee address; City; State; Zip Code

723 Donaldson
San Antonio, TX 78201

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

5 P 4: 22

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a
financial Institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Description of Collateral

☐ none13 GUARANTOR
INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

☐ not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a
financial Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ noneGUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.